

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2		1					
3		1					
4		1					
5		2					
6		2					
7		2					
8		2					
9		2					
10		2					
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45							
46							
47							
48							
49							
50							
TOTAL IND.	1						
TOTAL DEP.		43					
TOTAL CLAIMS	44						

CLAIMS	IND		DEP		IND
	IND	DEP	IND	DEP	
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					